

Client information



Name _____

DOB _____ Age _____

Occupation _____

Mobile _____

Email _____

Address _____

Emergency contact _____ Tel _____

Referred by _____

Are you on any prescribed medication? YES / NO

Have you been hospitalised or had surgery recently? YES / NO

Have you given birth within the last 6wks or are pregnant? YES / NO

Do you have any infections or infectious diseases? YES / NO

Details _____

Do you have or have you ever had known illnesses or conditions?

- | | |
|---|--|
| <input type="checkbox"/> Gout | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Respiratory disorder |
| <input type="checkbox"/> Glandular fever | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Liver or Kidney disease | <input type="checkbox"/> Any heart condition |
| <input type="checkbox"/> Palpitations/pain in chest | <input type="checkbox"/> High / Low blood pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Migraines |

Details _____

Do you have or have you ever had signs or symptoms of?

- Heart or chest pain
- Breathing problems
- Dizziness or fainting
- Cramps and/or muscular pain
- Neck / Back / Shoulder / Knee / Ankle pain or injury?
(please circle)
- Other, please specify _____

Do you wear orthotics? YES / NO

Do you smoke? YES / NO

Are there any other reasons to modify your exercise program?

Goals _____

I agree that the information on this document is true and correct. I have understood and answered all questions to the best of my knowledge. I will continue to provide on-going information that may be relevant in relation to my health, wellbeing and the suitability of exercise prescription. I recognise that Koa Pilates + Fitness is not able to provide me with medical advice and that the information provided is used as a guideline to my exercise. I take full responsibility for my actions at all times and will not hold Koa Pilates + Fitness liable in any way for injury, illness or unforeseen accident as a result of or during my participation in the exercise program.

A strict 24 hour cancellation policy applies. Full fees will be charged if cancellation is within this timeframe.

Signed _____

Date _____ / _____ / _____